



APPLICATION FOR HIRE OF PAXWOLD

IF MORE THAN ONE BOOKING IS REQUIRED, A SEPARATE FORM MUST BE USED

Booker Name: _____

Address: _____

Telephone: _____ **E-Mail:** _____

County: _____ **Unit Name:** _____

District: _____ **Division:** _____

District Commissioner: _____

Warrant Held? _____

Do you require a holiday qualification assessment? _____

If no, who is the License Holder? _____

Length of Booking (i.e. number of nights) _____

Purpose of Booking (i.e. Pack Holiday/Training etc) _____

Dates Required: (Actual dates: it is insufficient to put Spring Bank Holiday)	From Start Date	To End Date
1 st Choice		
2 nd Choice		
3 rd Choice		

Signature: _____

Please complete and return enclosing SAE:

Jennifer Jacomb – 176 Lindengate Avenue, Hull, HU7 0EE

Or email - paxwoldbookings@yahoo.co.uk Queries Tel: 07903 838503 / 01482 787715